

said that when he was on his holidays and worked in the open air in his garden he seldom had an attack, and could eat the proscribed foods with impunity; but as soon as he went back to his work, which necessitated traveling by train and staying at various hotels, the attacks began again.

I came to the conclusion that the asthma was of bacterial proteid origin, and that there was a chronic ethmoiditis in spite of negative x-ray findings from the following clinical observations:

1. Frequent rhinitis with water discharge.
2. Asthma which frequently is induced by chronic ethmoiditis.
3. The fact that his asthma improved when he worked in the open air and that he could eat the proscribed food at such a time. It appeared to me that if his asthma was of food origin that change of environment would not have affected it, but that if it was chiefly bacterial it might easily do so. This might be explained by an improvement in his general health, which raised his resistance to the bacteria.

Treatment—His tonsils were first removed. Later, the septum was straightened, both ethmoid labyrinths completely exenterated, and both sphenoids opened. The ethmoids were filled with polyps on both sides and the mucous membrane of the sphenoids polypoid. An autogenous vaccine was made from the ethmoid material and administered by Dr. A. C. Reed, who had referred the case to me. The patient has since had only a few transient attacks of asthma, and feels better physically and mentally than he has in twenty years.

**Case 2**—Mr. G. M. J., age 48, referred by Dr. A. C. Reed.

Past history—About two years ago, began to have what he thought was a chronic cold with pains behind the eyes; no pus, but an irritating watery discharge. Six months later, began to have violent and frequent sneezing spells. Six months later, asthmatic attacks began. He went to a specialist in his city who removed the tonsils without benefiting his asthma. When I saw him, the findings were as follows: Septum deviated to the right. Both middle turbinates were hyperplastic and in contact with the septum. No pus either side; naso-pharynx, negative; tonsils removed. The x-ray findings were negative for sinus infection. The diagnosis was made of chronic ethmoiditis and sphenoiditis, on the following grounds:

1. The trouble began in the nose.
2. The character of the discharge, thin, watery.
3. Asthmatic condition.
4. Did not react to food and other proteids, but did to certain bacterial proteids.

Treatment—Submucous septum resection, ethmoid and sphenoid exenteration on both sides. The ethmoids were full of small polypi and serous fluid. An autogenous vaccine was made and administered, with the result that the patient has been free from colds, sneezing, and asthma for over four years and has gained fifty-two pounds in weight.

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"The more corrupt the State, the more numerous the laws." This is a free rendering of an observation by Tacitus nearly 2000 years ago, as he watched the vain attempts to check the decadence of the Roman people by multiplying edicts and statutes, and observation confirmed by every student of jurisprudence since his day, and abundantly confirmed by our own experience. We not only lead the world in the quantity production of laws, but also in breaking them. The British Parliament is said to enact an average of about 150 new laws annually while our Congress and State Legislatures are estimated to produce from 3000 to 15,000 new enactments during each legislative session."—J. H. Beal, *Midland Druggist and Pharmaceutical Review*.

## INDUSTRIAL SURGERY AS A SPECIALTY\*

By ALBERT W. MOORE, M. D., Los Angeles

To specialize in industrial surgery, one must have three qualifications to be successful.

He must be a good general surgeon. He must have an understanding of and be well versed in medical jurisprudence. He must have the faculty of understanding human nature.

The class of work which falls into the hands of the industrial surgeon varies from minor injuries to major operations which require instant care. In reviewing the many hundreds of cases which I have handled in the past years, the necessity of proper first-aid treatment has impressed me most emphatically. It has not always been my fortune to see a patient when first injured; but in many instances it has been my misfortune to have patients referred to me after improper first aid has been rendered. It is surprising to me, and no doubt to you, to note the numbers of good surgeons who do not know how to treat and give the after care of infections which have passed the stage of localized infection.

This subject is being taken up in a general way, because I feel that each individual case must be treated individually. We must go carefully into the man's history, as to his family, and his previous infections, their involvement and extent. It is very difficult in many instances to obtain a definite history from the injured; and it is at times necessary to repeat at daily visits questions which may be vital to the patient's interests.

A great many employes view with suspicion the so-called "company surgeon"; and it is very important for all concerned that confidence be established as early as possible. Confidence in the surgeon goes a long way in insuring a rapid recovery of the injured; because if confidence is assured the surgeon's orders will be followed in every detail. If confidence is not felt, the advice of others will be taken, which will conflict with your treatment, and the same will not be carried out.

It has been my practice to order to a hospital such patients as in my own opinion require a better acquaintance and a more thorough understanding between patient and surgeon. By so doing, I feel that in a great many instances minor injuries have remained as such, and serious complications have been avoided. To be a successful industrial surgeon, one must be honest. He must be honest with himself; he must be honest with employer and employee; and he must be honest with the insurance carrier. If a surgeon deviates from this policy of honesty, he is lost. Possibly he may be dishonest for a while, but not for long; because he will be found out, and when confidence is destroyed the surgeon's influence is gone. To be a successful industrial surgeon, one must like his work. He must not allow criticism to affect his good judgment as to the care of his patient. Surgery, if properly handled, is, in my opinion, a great science; but if the surgeon lacks judgment, even if he be most successful with the knife, his end-results will not be the best.

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\* Presented to the Section on Industrial Medicine and Surgery at the Fifty-Second Annual Session of the California Medical Association, San Francisco, June, 1923.

In head injuries, questionable internal injuries and fractured bones, careful consideration should be given and a thorough study of the patient should be made before finally resorting to surgery. All palliative measures, with proper treatment, should be resorted to before deciding to use the knife. I believe that early surgical interference, most especially in head injuries, has hastened the death of many injured persons who would have been saved by palliative treatment. Open operations for fractures should be avoided until all other procedure has failed. Internal injuries should be treated expectantly until a definite diagnosis has been made; and then time should be allowed for the patient to recover from the shock of the injury.

The great difficulty which confronts the industrial surgeon is the interference by friends of the injured party. They seem to spring up from every angle. They are eager to give advice as to the treatment, and to recommend other doctors who can treat the case just a bit better than you. This advice, in some instances, breeds doubt in the minds of the injured man and his family, and naturally makes the care of the case more difficult for the surgeon in charge. It has been my policy to meet this contingency by suggesting that the family doctor be called in consultation, and by this method many future troubles are avoided. Do not misunderstand me, as I feel that consultation should be had on all doubtful cases, and on my part consultation is always most welcome. A word here, with proper advice, is very welcome and oftentimes is of great value.

Medical jurisprudence to most physicians and surgeons is abhorrent; and the thought of being summoned to the expert witness chair is a nightmare to the majority. To the most learned, the witness chair is at times not the most pleasant place; yet, I feel that no one need have any fear if he tells the truth as to the facts. The cross-examination will take care of itself. In my many years of experience in this line, I have seen many a professional witness break down, because, in my own mind, he was telling things which were contrary to his own belief and good judgment. Expert testimony, in my opinion, has been greatly abused by our profession; and it is my belief that bought testimony has made our profession the laughing stock of the public. The jury is made up of laymen, and how can we expect them to believe us when experts on opposite sides tell conflicting stories as to conditions which should be medical facts?

My experience with insurance carriers has been that they want the facts told in an honest way, neither enlarging upon them or belittling them. I would rather be honest and lose than to be dishonest and win. The human mind is most wonderfully and delicately made. Its consistency is variable; and the mind of one human being differs in range and quality from another, as a delicate piece of machinery differs from one which is more cumbersome. One machine acts to record facts, most delicate and intricate. Another acts in its own boisterous way, yet accomplishes the purpose for which it was made. So with the human mind. One keen and sensitive, easily disturbed. The other slow and insensitive, not affected by certain surroundings. The compe-

tent industrial surgeon must know instantly how to approach the one or the other. The first contact with either of the two different types may mean a great deal toward confidence, which must be early instilled if the end-result is to be the best. The industrial surgeon must please the injured; he must satisfy the employer; and the insurance carrier must not be forgotten. The Industrial Accident Commission, the court of last resort, must be satisfied as to the proper care and extent of injuries. All of these lead back to the industrial surgeon, and upon his shoulders fall the responsibilities, the greatness of which no one realizes as well as the surgeon himself.

To successfully handle industrial surgery, one's office must be well equipped. He must have a complete x-ray outfit, with facilities for developing his pictures. He must be prepared to properly handle cases which require baking and massage; and he must have a complete physiotherapy outfit for use where such treatment is essential. The Tait-McKenzie outfit for occupational therapy is of great value. One may have all of the above facilities; but without an efficient office force the means for handling these cases are of but little value. In the practice of general medicine or surgery, so long as one is ethical, he may pursue his profession with little or no interference. In industrial medicine or surgery we are regulated from A to Z, as are the corporations with which we deal. It is my belief, however, that if the industrial surgeon carries on his business in a businesslike way, and treats his injured as all professional men should care for their patients, he need not fear any form of regulation, because he is right. Right is might; and finally it will win. In industrial surgery, when a great volume of work is contemplated, or is being done, organizations are sometimes formed as corporations; others form partnerships. In some instances, these associations are headed and owned by one or more individuals not of our profession. To carry on this work with any success, there must be associated members of our profession. The physicians doing this work, in many instances, are salaried. Others, especially in outlying districts, are working for the layman head of this profession, on a fee schedule minus plan. In other words, this association, to properly thrive in a financial way, must make money off of the hired physician. Fee-splitting with the insurance carrier, solicitation of business through foremen of the assured, with proper remuneration for the same, and paid agents foraging through industrial sections for business, are means used by some of these associations. If these facts are true, as rumors go, as a profession we are commercializing our abilities; and are casting our ethics to the winds to forward the interests of these unscrupulous associations who care not for honor, but whose only aims are of a mercenary nature.

Whom shall we blame for this condition? The ones vitally concerned are the insurance carrier, the assured, and our profession. Let us first consider the insurance carriers. They are in business to make money. Philanthropy does not pay dividends, but honesty does. No business established and carried on by dishonest means can continue to thrive. If dishonesty exists through agencies of the big com-

panies, I cannot be convinced that it does so with the consent or knowledge of the heads of the big companies. My experience of many years with "Big Business" has impressed upon me most forcibly the abhorrence of these men of dishonest methods, and their appreciation of honest service. We must not condemn "Big Business" for an overt act of one or more of their employees. So long as our profession allows itself to be auctioned and sold to the highest bidder, we have no one else but ourselves to blame; and we are lowering the standards of one of the greatest of professions.

The industrial surgeon has been, and, in the future, is to be created. The specialty of industrial surgery will be recognized, as are the other existing specialties. May those, who aspire to be such, work faithfully toward the goal, with heads erect, turning neither to the right nor left, but looking forward toward the time when employer, employee, insurance carrier and doctor may feel that, by hearty co-operation and unanimity of purpose, they are fulfilling the law which was made for the protection of the working class.

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#### DISCUSSION

**Ross Harbaugh** (350 Post Street, San Francisco)—I have read with interest Doctor Moore's paper, and some of the points brought out cannot be impressed upon us too forcibly. I do not believe that any of us always fully realize how important it is to go carefully into the history of every patient. History is always important in any medical work, but may become doubly so in industrial work. To illustrate: A case came before the Industrial Accident Commission, history being that some time ago the patient had hurt his foot. Later on an infection followed, resulting in a plantar abscess with serious involvement of the tendons, etc. On investigating the case, it was found that he had been seen by three different surgeons, all fully versed in industrial work and all doing a great deal of it, not handling an occasional case. The first surgeon had reported that the man fell off the running-board of a truck and injured his foot. The second surgeon stated that he had twisted the ankle. The third surgeon stated that the man had stumbled over the cap of a milk-can. Now, as a matter of fact, the man had twisted his foot, but not one of the three doctors had taken up the question as to whether or not there had been a direct blow or serious trauma, feeling, I suppose, that the case was a minor one; merely a sprain, and that an abscess would not follow. Therefore, at this late date, it is next to impossible to find out, from a medical standpoint, just what happened. Another case: A man was known by his family to have had a rupture for many years. During the course of his occupation he sustained an accident (or it is thought that he sustained an accident); just exactly how severe this accident was or just how much it troubled the man, we have no means of knowing. The rupture is said to have troubled him for two months after this accident. At the end of this time, the doctor was called and found the rupture strangulated; ordered operation, which resulted fatally. No history was taken of the alleged accident, although the doctor knew that there was such an occurrence. This, of course, has made it difficult to make a decision. We could have had first-hand information from the doctor, but the case must be settled on laymen's observations.

Cases where insufficient histories have been taken are daily occurrences; I could add to them without number.

Confidence in the surgeon is absolutely essential, and the industrial surgeon is always handicapped in

this respect. To overcome this, then, if he is going to be a successful industrial surgeon, he must have more than the usual faculty for handling people in general, and workmen in particular. No one man can please everybody, but he certainly must be a high-class surgeon with the ability and knowledge and skill to treat the type of case adequately with which he is coming in contact. The doctor has touched upon the question of first-aid treatment, and I wish he had gone into it in more detail. Speaking from a personal point of view, it is my impression that nowadays first-aid treatment, as a general rule, is very well administered. I have seen no grave errors committed. I believe that this is one of the good things that industrial surgery has brought about. The insurance carriers and employers, both large and small, have been impressed with the value of first-aid treatment, and I am sure that they have universally been benefited by it.

**D. I. Aller** (908 Mattei Building, Fresno, Calif.)—Doctor Moore's paper on "Industrial Surgery as a Specialty" has been read and enjoyed.

The industrial surgeon of today must not only be a good general surgeon, but must be a man well-grounded in all the fundamentals of the science and art of medicine, as there is no field in which one has such unlimited opportunities to apply general as well as specialized skill.

First aid as rendered today, in my opinion, is quite efficient, if the surgeon follows it at a very short interval with properly instituted therapy and does not allow first-aid measures to carry the patient over any extended period of time.

If the industrial surgeon is the trained educated man that all practitioners should be, there is no question to be raised as to his conduct toward patient, insurance carrier, or the employer. His course is the plain path of applying his best knowledge to the case in hand, and the end-result should be fair to all concerned.

The practice of compounding a simple fracture, only on the rarest occasions, should stamp a man as incompetent. However, in head injuries, it is my belief there are definite indications which demand decompression and drainage; but as these cases are few, the surgeon should be very sure of his findings before proceeding with such radical treatment.

If a careful history has been taken and the treatment as near standard as practicable, the diagnosis right, and the end-result a definite entity which is measurable, the witness chair should be a period of relaxation and not a nightmare or a thing of horror.

It is always to be expected that when a new field opens in medicine or surgery, the unscrupulous for a time will be in the ascendancy, and make for themselves money at the expense of all concerned, especially the patient; but following this there is always a period of readjustment, which is now being shown on the part of some insurance carriers, in the selection of the best medical talent that their particular locality affords. Which indicates that experience is teaching that the best medical and surgical aid available is cheapest, not only in dollars and cents, but in lessened disability periods, fewer permanently disabled, and a contented clientele.

The problem before the industrial surgeon is to do the work at hand conscientiously, painstakingly, giving the best he has to the problem; and recognition will come, and with its coming will be the permanency of the newly created specialty, industrial surgery.

**W. C. Adams** (Medical Building, Oakland)—I might add to Doctor Moore's paper that the industrial surgeon should have reasonable knowledge of the Workmen's Compensation laws. With this knowledge he can be of valuable service to the insurance carrier, the employer, and the injured. He will recognize at once when the injured appears whether or not the injury comes under the Workmen's Compensation laws, and in making a careful report, especially in border-line cases, better enable the insurance car-

rier to determine its liability. He can be of service to the employer in the making of his reports and in giving him the proper information as to what comprises an industrial injury. He can be of valuable service to the injured, in helping him obtain his proper compensation by informing him of the proper procedures.

In the matter of histories, I believe we all know the value of an early history which is concise and states all the facts. Of course, the earlier the history is taken the more accurate and truthful will be the statements of the injured. A history taken immediately after the injury will almost always be the truthful one, but when the patient does not seek medical aid for two or three days after the injury, or the attending physician has not taken the history for two or three days, he is very apt to obtain statements which are not exactly the actual happenings. As mentioned by Doctor Moore, questioning the injured from day to day often throws the proper light on the actual condition. This particularly is so in doubtful cases.

Doctor Moore speaks of the lack of confidence of patients in the industrial surgeon. It might not be out of place to mention here the confidence an insurance carrier should place in the industrial surgeon. If by some chance the injured does not improve satisfactorily, the insurance carriers, whether through their medical directors or chief claim adjusters, are always ready to criticize the surgeon in the most curt manner. The insurance carrier should encourage to the utmost a surgeon who is giving them service; and should a case not be going well, should seek the cause from the attending surgeon in a friendly manner rather than by criticism. It often appears that the insurance carrier never considers the large number of successes of the surgeon, and criticizes severely when an occasional bad result arises. For this reason alone large numbers of our most efficient medical men are not willing (and justly, too) to take this abuse, and, therefore, their valuable services are lost, making the good industrial surgeon a rare rather than a common finding.

I wish to commend Doctor Moore for advocating well-equipped offices. No office can efficiently care for the industrially injured without a thoroughly equipped physiotherapy department which must include diathermy, faradic apparatus, hydrotherapy, thermolite heating, massaging, and medical and corrective gymnastics. A well-trained physiotherapist who understands the application and indication for the use of the above is indispensable. There is at the present time too great a tendency to the use of office aids who understand little if anything about physiotherapy, and this practice should be discouraged.

Much is yet to be spoken on this interesting subject, but I do feel that the standards of our industrial medical work are rising greatly and that this great work will soon be placed in its proper rank as one of the important surgical specialties.

**Doctor Moore** (closing)—I have read with interest the discussion of Drs. R. W. Harbaugh, D. I. Aller, and W. C. Adams, and I heartily agree with their suggestions as expressed in their discussion.

I believe that we cannot dwell too forcibly upon the history of all industrial injuries, both personal and family history, going into the medical as well as the surgical procedure which may have antedated the injury which we are treating.

I note that Dr. Harbaugh discusses strangulated hernias. This is a serious condition which must be early recognized by the surgeon. The end-result depends upon the early diagnosis in these instances.

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"With public sentiment nothing can fail; without it nothing can succeed. He who molds public sentiment goes deeper than he who enacts statutes or pronounces decisions. He makes statutes and decisions possible or impossible to be executed."—J. H. Beal, *Midland Druggist and Pharmaceutical Review*, November, 1923.

## CHAIRMAN'S ADDRESS \*

### SECTION ON GENERAL MEDICINE

By A. S. GRANGER, Los Angeles

So many cults, fads and pathies have sprung up, gained root and flourished, especially on this Western Coast of ours, that many of us have become alarmed at the extent of their growth, and have pondered over the reasons for such inroads upon the sacred right to practice the healing art in ways other than we have come to believe are the only right ones. We have even attempted to enter the field of politics and enact legislation aimed toward the requiring of these alleged competitors to become better educated. Now, it has been my belief that the reasons for the popularization of such faddisms lie largely within ourselves, and that we may best fight them by (adopting a common phrase) "cleaning our own house" and improving our shortcomings so that educated people, at least, will in time recognize the advantages of scientific medicine, and our so-called competitors will die for want of proper support and sustenance. May I, therefore, call to your attention a few of the evil tendencies which, to my mind, are fraught with certain dangers and pitfalls and which we should be careful to avoid if we are to do the best that is in us toward a conscientious and honest effort to be of the greatest possible service to our patients.

### OVERSPECIALIZATION

There has been during the past decade a noticeable inclination toward overspecialization, not only in medicine in the broad sense of the term, but even in the so-called branches of internal medicine. Now, the field of internal medicine is not so broad but that its students should have a sound, basic knowledge of all of its component parts, and because there is scarcely a disease of any one system that may not influence other systems or be in turn influenced by them, we should be cognizant of the balance that each system maintains with the others. It would seem essential that a young man entering upon the field of internal medicine should practice that field generally for a number of years sufficiently to have obtained the broadest possible conception of disease from the angle of every organ of the body before he announces that "hereafter practice will be limited to diseases of the heart and blood vessels," or to "diseases of metabolism," or to "endocrinology," or what not. And it is to the young physician that these remarks are particularly addressed. It is human nature that an individual specializing in endocrinology, for example, should, after a time, come to view all patients from the standpoint of their glands of internal secretion, and perhaps overlook very important diseases in other organs which may be of paramount importance. He may answer such a criticism by saying that all his work is referred, and he takes it for granted that the physician referring the patient has gone over all other systems and he himself is not particularly interested in any other issue of the case; he gives his report, outlines the treatment, and the patient is the one to suffer a pos-

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\* Presented at the Fifty-third Annual Session of the California Medical Association, Los Angeles, May 12, 1924.